MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07672

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFAILING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville
STREET ADDRESS (If rural, give location) Crownsville Post Office

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) WILLIAM (Last) AMERICA

4. DATE OF DEATH (Month) (Day) (Year): Aug. 24, 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Feb. 27, 1897

9. AGE last birthday: 54 yrs. If under 1 year: Months 5, Days 28, If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John W. America

14. MOTHER'S MAIDEN NAME: Fannie Spilman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Fannie Engle Crownsville Post Office

18. MEDICAL CERTIFICATION

Crownsville, Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary tuberculosis — unknown

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

002X
13

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. tuberculosis 11 mo

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/20, 1951, to 8/24, 1951, that I last saw the deceased alive on 8/24, 1951, and that death occurred at 11:35 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) I Bowsuch M.D. ADDRESS Annapolis. Md DATE SIGNED 8/26/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Aug. 27, 51

NAME OF CEMETERY OR CREMATORY Baldwin Memorial Cemetery

LOCATION (City, town, or county) (State) Millersville, Maryland

DATE REC'D BY LOCAL REG. Aug. 27, 1951

REGISTRAR'S SIGNATURE J. L. Bowsuch

24. FUNERAL DIRECTOR ADDRESS B.L. Hopping and Son Annapolis, Md

VS. Ap 6 T

RECEIVED
AUG 28 1951
BUREAU V. S.

Singleton Funeral Home

MARYLAND STATE DEPARTMENT OF HEALTH

07673

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS/A15A

1. PLACE OF DEATH
COUNTY A.A.CO
MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elevaton
LENGTH OF STAY (In this place) 5yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Railroad Ave., Elvaton

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MD
COUNTY AACO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MILLERSVILLE, Md. (Rural)
STREET ADDRESS (If rural give location) Railroad Ave., Elvaton.

3. NAME OF DECEASED (Type or Print) (First) Emil. (Middle) (Last) ANTOS.

4. DATE OF DEATH (Month) Aug (Day) 25 (Year) 1951

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH June 26, 1888

9. AGE last birthday 63 yrs. If under 1 year Months / Days; If under 24 hrs. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wood Finisher

10b. KIND OF BUSINESS OR INDUSTRY Furniture

11. BIRTHPLACE (State or foreign country) Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Charles Antos

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 213 03 4284

17. INFORMANT Mrs. Emil Antos, Elvaton Millersville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypertensive Cardiovascular disease

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 930 (b) Cerebral hemorrhage 5 hours

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) M.D. ADDRESS Cumberland, Md. DATE SIGNED 8/25/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Aug. 28, 1951

NAME OF CEMETERY OR CREMATORY Glen Haven

LOCATION (City, town, or county) Glen Burnie (State) Md.

DATE REC'D BY LOCAL REGISTRAR 8/27/51

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Thomas W. Singleton, ADDRESS Glen Burnie Md.

AD - O.Onnick W

564246

RECEIVED
AUG 30 1991
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07724

CERTIFICATE OF DEATH

Reg. Dist. No. 25

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY A.A. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5311 Ballman Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn
STREET ADDRESS (If rural, give location) 5311 Ballman Avenue

3. NAME OF DECEASED (Type or Print): (First) ANNIE (Middle) M. (Last) BALLMAN

4. DATE OF DEATH: (Month) 8/30/51 (Day) (Year) 19

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: 7/6/1867

9. AGE last birthday: 84 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Biemiller

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) No | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Family - Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) coronary occlusion

420.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) hypertensive cardio-vascular disease — 5 yr

938 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug., 1946, to Aug. 30, 1951, that I last saw the deceased alive on Aug. 30, 1951, and that death occurred at 5-30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Philip W. Kreiter, MD | ADDRESS 302 Patapsco Ave | DATE SIGNED Sept 1 '51

23. BURIAL, CREMATION REMOVAL (Specify) B | DATE 9/3/51 | NAME OF CEMETERY OR CREMATORY Cedar Hill | LOCATION (City, town, or county) Baltimore (State)

DATE REC'D BY LOCAL REG. Sept 4, 1951 | REGISTRAR'S SIGNATURE Ida M. Whitaman | 24. FUNERAL DIRECTOR James L. McCarey | ADDRESS - 130 E. Fort Ave.

V.S. A.

RECEIVED
SEP 7 1951
BUREAU V. S.

Item 7 FilmG135 9/4/51 ww

MARYLAND STATE DEPARTMENT OF HEALTH

07675

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: B. A. Co. — MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Stone Haven — LENGTH OF STAY (in this place): — HOSPITAL OR INSTITUTION OR STREET ADDRESS: Stone Haven

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Stone Haven — STREET ADDRESS (If rural, give location): Stone Haven B. A. Co. Md.

3. NAME OF DECEASED (Type or Print): (First) Frank (Middle) (Last) Bessick

4. DATE OF DEATH: (Month) 8 (Day) 22 (Year) 1957

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 7/10/1880

9. AGE last birthday: 41 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): B. A. Co. Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frank Bessicks

14. MOTHER'S MAIDEN NAME: Annie Stanley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If year, give war or dates of service): —

16. SOCIAL SECURITY No.: —

17. INFORMANT AND ADDRESS: John Bessicks B. A. Co. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592X — Immediate cause (a) Arteriosclerotic Cardio-Vascular Lesion — Interval between onset and death: 5 years

Antecedent cause(s)

1310 — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Nephritis — 5 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1951, to Aug. 22, 1951, that I last saw the deceased alive on Aug 3, 1951, and that death occurred at 2:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): J. Brady Smith — ADDRESS: Riviera Beach, Md. — DATE SIGNED: 8/22/57

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 8/24/57 — NAME OF CEMETERY OR CREMATORY: Mt. Calvary — LOCATION (City, town, or county) (State): B. A. Co., Md.

DATE RECD BY LOCAL REG.: 8/23/57 — REGISTRAR'S SIGNATURE: L. — 24. FUNERAL DIRECTOR: O. L. Brown & Son — ADDRESS: 10 W. Mt. Royal Ave - Baltimore 1

T8000

MARYLAND STATE DEPARTMENT OF HEALTH

07676

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 42 Pleasant St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural give location) 101 Duke St.

3. NAME OF DECEASED (Type or Print): (First) Estella (Middle) (Last) Butler

4. DATE OF DEATH: (Month) Aug. (Day) 31 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: 2-6-1915

9. AGE last birthday: 36 yrs.
If under 1 year: Months | Days
If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Annapolis

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles A. Rest

14. MOTHER'S MAIDEN NAME: Bessie Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No. None

17. INFORMANT: Delmar Butler

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebro Vascular Accident

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
83a (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office hldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-27-51, 19....., to 8-31-51, 19....., that I last saw the deceased alive on 8-30-51, 19....., and that death occurred at 3 P m., from the causes and on the date stated above.

SIGNATURE W. J. Calley (Degree or title) MD ADDRESS 10 Carvel DATE SIGNED 9-4-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 9-7-51 | NAME OF CEMETERY OR CREMATORY Brewer Hill | LOCATION (City, town, or county) Annapolis (State) Md.

DATE REC'D BY LOCAL REG. Sept. 4, 1951 | REGISTRAR'S SIGNATURE Mary J. Lynch

24. FUNERAL DIRECTOR William Reese | ADDRESS 108 Washington St Annapolis, Md.

VS. A15

RECEIVED
SEP 8 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessups
LENGTH OF STAY (In this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS MHC, Jessups, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 141 N. Exeter St.

3. NAME OF DECEASED (Type or Print): (First) Arthur (Middle) (Last) Collier

4. DATE OF DEATH: (Month) August (Day) 30 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: Colored

7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED~~ (Specify)

8. DATE OF BIRTH: Nov. 18, 1889

9. AGE last birthday: 61 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Washington County, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive heart failure

241X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Chronic valvular heart disease.
(c) Chronic bronchial asthma.
Arterio-sclerosis, generalized

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 24, 1951 to Aug. 30, 1951, that I last saw the deceased alive on Aug. 30, 1951, and that death occurred at 11:40 Dm., from the causes and on the date stated above.

SIGNATURE (Degree or title) John A. Clark, M.D. ADDRESS Physician in charge, Md. House of Correction DATE SIGNED August 31, 1951

23. BURIAL, CREMATION, REMOVAL (Specify) Removal | DATE THEREOF 9/12/51 | NAME OF CEMETERY OR CREMATORY University Med School | LOCATION (City, town, or county) Balto Co. (State) Md

DATE REC'D BY LOCAL REG. Sept. 14 1951 | REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Frances A Hemsley | ADDRESS 578 N Bridle Ln

168 cm
114 lb.
Embalmed 9/12/51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

7678

Reg. Dist. No.....

1. PLACE OF DEATH
COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Riva
LENGTH OF STAY (in this place): MARYLAND 2 yrs. 8 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: River-view Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glen Burnie
STREET ADDRESS (If rural, give location): 413 Light Street Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Ernest	Emil	Collin	August	22	1957

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	March 1876	75 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Janitor (retired)	Sinclair Oil Corporation	Germany	U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Charlotte Collin - Riva, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Vascular Accident	3 wks.
443X 93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive-Arteriosclerotic CVD	yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

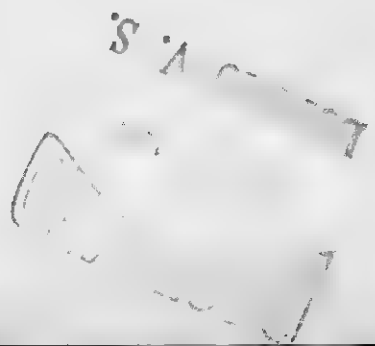
TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 7/31/57, to 8/4/57, that I last saw the deceased alive on 8/4/57, and that death occurred at 11 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank M. Shipley	M.D.	63 College Ave. Annapolis, Md.	8/23/57

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	8/25/57	Glen Haven	Glen Burnie	Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/26/57	L. J. DeAlba	R. V. Singleton	Glen Burnie Md.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2C

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH: COUNTY Anne Arnudel; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville
LENGTH OF STAY (in this place) 16 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Randallstown, Maryland
STREET ADDRESS (If rural, give location) not known

3. NAME OF DECEASED (Type or Print): (First) Michil (Middle) (Last) Costley
4. DATE OF DEATH: (Month) 8/19/51 (Day) (Year) 19

5. SEX: female
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: not known
9. AGE last birthday: 82 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Not known
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: not known
14. MOTHER'S MAIDEN NAME: not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown; if yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Tuberculosis of Lung ..... known since 10/2/41

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with Mental Deficiency known since 4/25/35

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): none m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from 4/25/35, 19..., to 8/19/51, 19..., that I last saw the deceased alive on 8/19/51, 19..., and that death occurred at 4:20 P.M., from the causes and on the date stated above.

SIGNATURE: Jacob Thompson M.D. (Degree or title)
ADDRESS: Crownsville, Md.
DATE SIGNED: 8/19/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 8-19-51
NAME OF CEMETERY OR CREMATORY:
LOCATION (City, town, or county) (State):

DATE REC'D BY LOCAL REG.: 8/23/51
REGISTRAR'S SIGNATURE:
24. FUNERAL DIRECTOR: Holland Funeral Home
ADDRESS: 631 Druid Hill Ave.

VS-AD 7

MARYLAND STATE DEPARTMENT OF HEALTH Pre 35680

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elvaton Acres | LENGTH OF STAY (In this place) 3 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Millersville P.O.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elvaton Acres Baltimore
STREET ADDRESS (If rural, give location) Millersville P.O. & 36 Conkling Rd

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
EDWIN	EARL	COX	Aug.	15	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Male	White	Married	June 30 1887	64 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Night watchman
10b. KIND OF BUSINESS OR INDUSTRY: Fire Co
11. BIRTHPLACE (State or foreign country): Penn.
12. CITIZEN OF WHAT COUNTRY: U.S.A

13. FATHER'S NAME: EDWIN L. COX
14. MOTHER'S MAIDEN NAME: DONNA NUNN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 231-16-3661
17. INFORMANT AND ADDRESS: Mrs Edwin E. Cox, Millersville P.O. Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — 3 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ___, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* X, *accident* ___, *suicide* ___, *homicide* ___, *undetermined* ___.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
John M. Beaty M.D., Deputy Medical Examiner	Annapolis Md	Aug 15 51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8/18/51	Glen Haven	Glen Burnie, Md.

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/17/51	Z. J. DeAlba	P. V. Singleton	Glen Burnie

VS-A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY A.A. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ferndale. | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ferndale
STREET ADDRESS (If rural, give location) Vista Road.

3. NAME OF DECEASED (Type or Print): (First) Theodore (Middle) B. (Last) Dulany
4. DATE OF DEATH: (Month) 8 (Day) 7 (Year) 51 19
5. SEX: M.
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.
8. DATE OF BIRTH: 10 : 31 : 1880
9. AGE last birthday: 70 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Corr. Paper Box
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Phillip
14. MOTHER'S MAIDEN NAME: Susan Conway
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. | (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Family - Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Tuberculosis, far advanced	± 2 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Anemia	2 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1, 1951, to Aug 3, 1951, that I last saw the deceased alive on Aug 3, 1951, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED
C. Milton Linthicum | M.D. | Linthicum Heights, Md | Aug 9 1951

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State)
Burial | 8.11.51 | Cedar Hill | Baltimore

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS
8/9/51 | W W Hebert | James L. Lowery | 130 E. Fort Ave.

VS-A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH
COUNTY: Anne Arundel — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis, Maryland
LENGTH OF STAY (In this place): 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital, Annapolis, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 2238 East Chase Street ✓

3. NAME OF DECEASED (Type or Print): (First) BABY (Middle) GIRL (Last) FLETCHER

4. DATE OF DEATH: (Month) August (Day) 3 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 2 August 1951

9. AGE last birthday: yrs. — If under 1 year: Months — Days: 1 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Annapolis, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Earl Wallace Fletcher

14. MOTHER'S MAIDEN NAME: Charline Bernice Collins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mother 2238 E. Chase St., Baltimore, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Atelectasis with immaturity 762.5	24 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Immature-live born infant 774	
	(c)	

762.5
159

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 Aug., 1951, to 3 Aug., 1951, that I last saw the deceased alive on 3 Aug., 1951, and that death occurred at 1:20 P. m., from the causes and on the date stated above.

SIGNATURE: Erwin Hecker (Degree or title) LTJG, MC, USNR. — M.D — ADDRESS: U.S. Naval Hospital, Annapolis, Md. — DATE SIGNED: 8-3-51

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: 8-6-51 — NAME OF CEMETERY OR CREMATORY: US NAVAL CEMETERY — LOCATION (City, town, or county) (State): ANNAPOLIS, Md

DATE REC'D BY LOCAL REG.: Aug. 6, 1951 — REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: B. L. HOPPING & SON — ADDRESS: ANNAPOLIS, Md

VS. A-5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 8 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

7682

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A.A. General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 930 Monroe

3. NAME OF DECEASED (Type or Print): (First) Ernest (Middle) R (Last) Goddard Sr.

4. DATE OF DEATH: (Month) Aug (Day) 8 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: Aug 31, 1891

9. AGE last birthday: 59 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plumber

10b. KIND OF BUSINESS OR INDUSTRY: Plumbing & Heating

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: John L. Goddard

14. MOTHER'S MAIDEN NAME: Catherine McGill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 214-05-0429

17. INFORMANT AND ADDRESS: 1107 Brashears St. F.L. Goddard Annapolis, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Sub Dural Hemorrage — 4 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 8/7/51

19b. MAJOR FINDINGS OF OPERATION: Subdural Hemorrhage

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.): Home — (CITY OR TOWN) n. Annapolis (COUNTY) Anne Arundel (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): Aug. 4. 1951 m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Was Struck in Head with Beer Bottle

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ___, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ___, accident ___, suicide ___, homicide ☒, undetermined ___.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

John M. Coffey M.D. Deputy Medical Examiner, Annapolis Md. 8/8/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Aug 11 1951 — NAME OF CEMETERY OR CREMATORY: St Mary's Cemetery — LOCATION (City, town, or county) (State): Annapolis, Md

DATE REC'D BY LOCAL REG: Aug. 10, 1951 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR — ADDRESS: B.L. Hopkins & Son Annapolis, Md.

VS. A15A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 13 1951
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 56

.83

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie — LENGTH OF STAY (in this place) — HOSPITAL OR INSTITUTION OR STREET ADDRESS 10 mi [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY A.A. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible] — STREET ADDRESS (If rural, give location) [illegible]

3. NAME OF DECEASED (Type or Print): (First) [illegible] (Middle) [illegible] (Last) [illegible]

4. DATE OF DEATH: (Month) August (Day) 1 (Year) 19[illegible]

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec 23 18[illegible]

9. AGE last birthday: [illegible] yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Self employed

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: [illegible] A. T. Halek

14. MOTHER'S MAIDEN NAME: [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: No.

17. INFORMANT AND ADDRESS: [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) [illegible] Hemorrhage — Interval Between Onset and Death: [illegible]

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension C.V. disease — [illegible]

4-1-X 93d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to [illegible], 19....., that I last saw the deceased alive on [illegible], 19....., and that death occurred at [illegible] p.m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) M.D. ADDRESS [illegible] DATE SIGNED [illegible]

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) — DATE THEREOF 8 2[illegible] 51 — NAME OF CEMETERY OR CREMATORY Quaker Cem — LOCATION (City, town, or county) Galesville — (State) Md

DATE REC'D BY LOCAL REG. Aug 22, 1951 — REGISTRAR'S SIGNATURE [illegible] — 24. FUNERAL DIRECTOR [illegible] — ADDRESS Galesville Md

VS: A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis, Maryland; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Annapolis; STREET ADDRESS (If rural, give location) RFD # 3

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) M (Last) HARLEY

4. DATE OF DEATH: (Month) (Day) (Year) August 31, 1951 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan. 31, 1902

9. AGE last birthday: 48 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter

10b. KIND OF BUSINESS OR INDUSTRY: General Contractor

11. BIRTHPLACE (State or foreign country): South Carolina

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James M. Harley

14. MOTHER'S MAIDEN NAME: Emma Stroble

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: 214-05-0719

17. INFORMANT AND ADDRESS: Mrs Ethel Harley RFD #3 Annapolis, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Coronary Thrombosis	5 days
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 731	(b) Arteriosclerotic Vascular Disease	?
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/27, 1951, to 8/31, 1951, that I last saw the deceased alive on 8/31, 1951, and that death occurred at 5-05 P.m., from the causes and on the date stated above.

SIGNATURE: Maurice Klaus, M.D. (Degree or title) ADDRESS: Annapolis, Md. DATE SIGNED: 9/1/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Sept 4, 1951 | NAME OF CEMETERY OR CREMATORY: All Hallows Cemetery | LOCATION (City, town, or county) (State): Birdsville, Maryland

DATE REC'D BY LOCAL REG.: Sept. 4, 1951 | REGISTRAR'S SIGNATURE: [signature] | 24. FUNERAL DIRECTOR ADDRESS: B.L. Hopping and Son Annapolis, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07685

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Anne Arundel Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Riviera Beach
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Riviera Beach

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. COUNTY: A.A.CO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Riviera Beach
STREET ADDRESS (If rural, give location): Riviera Beach

3. NAME OF DECEASED (Type or Print): (First) Carrie (Middle) A. (Last) Harms
4. DATE OF DEATH: (Month) Aug. (Day) 24 (Year) 51
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 22, 1897
9. AGE last birthday: 54 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H. W.
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Louis Koellner
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mr. George R. Harms, Riviera Beach, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Coronary Thrombosis	immediate
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. 422.1 934	(b)	Hypertensive cardio vascular disease	?
	(c)		

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/20/51 19..... to 8/24/..... 1951, that I last saw the deceased alive on 8/23/..... 1951, and that death occurred at 1:45 A.....m., from the causes and on the date stated above.

SIGNATURE: Harry Weller M.D. (Degree or title) ADDRESS: 1226 Hanover Street, DATE SIGNED: 8/25/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Aug. 28/51 | NAME OF CEMETERY OR CREMATORY: Western, Edmondson Ave. & Longwood St. | LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG.: August 25-1951 | REGISTRAR'S SIGNATURE: RWT

24. FUNERAL DIRECTOR: Harry A. Little ADDRESS: 4101 Edmondson Ave

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

DC86

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4408 Fourth St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE 4408 Fourth St COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn Park.
STREET ADDRESS (If rural, give location) 4408 Fourth St.

3. NAME OF DECEASED (Type or Print): (First) Catherine (Middle) (Last) Harvey.

4. DATE OF DEATH: (Month) 8 (Day) 3 (Year) 5 19

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow. | 8. DATE OF BIRTH: 9/1/1883 | 9. AGE last birthday: 67 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Ireland | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Patrick Mc Bride | 14. MOTHER'S MAIDEN NAME: Catherine Savage.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of Left Ovary

175X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

49a (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1948, to 8/29/51, 19....., that I last saw the deceased alive on 8/29/51, 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Denis J. McGrath 1E. Randall St. Balto 30.

23. BURIAL, CREMATION / REMOVAL (Specify) Burial | DATE THEREOF 9/3/51 | NAME OF CEMETERY OR CREMATORY Cathedral. | LOCATION (City, town, or county) (State) Ver Dyderick Pa

DATE REC'D BY LOCAL REG. 8/31/51 | REGISTRAR'S SIGNATURE A W Hedrick | 24. FUNERAL DIRECTOR J. J. Fahey & Sons | ADDRESS 1318 Light

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 14 College Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY AA.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 14 College Annapolis
STREET ADDRESS (If rural give location) 14 College Ave.

3. NAME OF DECEASED (Type or Print): (First) Richard (Middle) (Last) Haste
4. DATE OF DEATH: (Month) 8 (Day) 13 (Year) 1951

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: 1-20-1905
9. AGE last birthday: 46 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bldg. attendant
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Naval Academy
11. BIRTHPLACE (State or foreign country): Annapolis, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Horace Haste
14. MOTHER'S MAIDEN NAME: Mary Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): Peace Time
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Sophia Adams - 14 College Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive Heart Failure

434.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-20-51, 19....., to 8-13-51, 19....., that I last saw the deceased alive on 8-12-51, 19....., and that death occurred at 7:40 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[signature] MD 10 Conduit St 8-15-51

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 8-16-1951 | NAME OF CEMETERY OR CREMATORY Brewer Hill | LOCATION (City, town, or county) Annapolis (State) Md.

DATE REC'D BY LOCAL REG. August 16, 1951 | REGISTRAR'S SIGNATURE [signature] | 24. FUNERAL DIRECTOR William Reese, II | ADDRESS 108 Washington St. Annapolis, Md.

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
1951
BUREAU V. S.

Item 18 Film G135 9-17-51 ams

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severna Park
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Fannie (Middle) (Last) Heil
4. DATE OF DEATH: (Month) 8 (Day) 28 (Year) 1951
5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W
8. DATE OF BIRTH: 8-19-1872
9. AGE last birthday: 79 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Donville, Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT AND ADDRESS: Mrs. Stokes - Baltimore, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) lobar pneumonia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) acute cardiac dilatation due to

(c) pulmonary disease (9-17-51 ams)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-27, 1951, to 8-28, 1951 that I last saw the deceased alive on 8-27, 1951, and that death occurred at 1.40 A.M., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED
Edith Roller, M.D. | 42 State Circle Annapolis, Md. | 8-28-51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 8-30-1951 | NAME OF CEMETERY OR CREMATORY Town Neck | LOCATION (City, town, or county) (State) Severna Park, Md.

DATE REC'D BY LOCAL REG. Aug. 30, 1951 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR William Reese | ADDRESS 108 Washington St. Annapolis, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

7389

Reg. Dist. No. 21

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age, especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville; MARYLAND; LENGTH OF STAY (in this place) 6 mos; HOSPITAL OR INSTITUTION OR STREET ADDRESS Route #178

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY A.A.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville; STREET ADDRESS (If rural, give location) Route #178

3. NAME OF DECEASED (Type or Print): (First) SARAH (Middle) (Last) Isaac

4. DATE OF DEATH: (Month) Aug (Day) 14 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 6-2-1894

9. AGE last birthday: 57 yrs. If under 1 year: Months; If under 24 hrs: Days; Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurse Helper

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U. S. A

13. FATHER'S NAME: Dick Johnson

14. MOTHER'S MAIDEN NAME: Sarah Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Wesley Isaac - Crownsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Dilatation of Heart — Interval between onset and death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio-Vascular Hypertensive Disease unknown

4143X 132

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ___, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John M. Claffey M.D., Deputy Medical Examiner, Annapolis, Md. 8/14/51

23. BURIAL, CREMATION, REMOVAL (Specify) 3 | DATE THEREOF 8-17-1951 | NAME OF CEMETERY OR CREMATORY Chews Chapel | LOCATION (City, town, or county) (State) Owensville, Md.

DATE REC'D BY LOCAL REG. Aug. 16, 1951 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR William Kever II | ADDRESS 108 Washington St. Annapolis, Md.

VS. A16A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arunde
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville — LENGTH OF STAY (in this place) 19 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis,
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Ida		Johnson	8/13/51 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
female	colored	widowed		78 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
domestic	none	Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Isaac Mason	Lettie Greene

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	[redacted]	Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Hypertensive Cardio-Vascular Disease known since 2/11/36	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with Convulsive Disorders	

443X
93d

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none	none	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
no ie	none	none		

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
none m.		none

22. I hereby certify that I attended the deceased from 2/11/36, 19..., to 8/13/51, 19..., that I last saw the deceased alive on 8/13/51, 19..., and that death occurred at 3:40 A. m., from the causes and on the date stated above.

SIGNATURE: Jacob Broadstone M.D. (Degree or title) ADDRESS Crownsville, m.d DATE SIGNED 8/14/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Aug 17 1951	Brooks Hall	Annapolis	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug 18	K. M. Joyce	J. B. Johnson	Annapolis, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

11691

Reg. Dist. No. 28

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible] | LENGTH OF STAY (In this place) [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 301

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible] COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS (If rural, give location) [illegible]

3. NAME OF DECEASED (Type or Print): (First) Upton (Middle) Henry (Last) Jones

4. DATE OF DEATH: (Month) [illegible] (Day) [illegible] (Year) 19[illegible]

5. SEX [illegible] | 6. COLOR OR RACE [illegible] | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) [illegible] | 8. DATE OF BIRTH [illegible] | 9. AGE last birthday [illegible] yrs. | If under 1 year: Months [illegible] Days [illegible] | If under 24 hrs: Hours [illegible] Min. [illegible]

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible] | 10b. KIND OF BUSINESS OR INDUSTRY [illegible] | 11. BIRTHPLACE (State or foreign country) [illegible] | 12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME [illegible] | 14. MOTHER'S MAIDEN NAME [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [illegible] (If yes, give war or dates of service) [illegible] | 16. SOCIAL SECURITY NO. [illegible] | 17. INFORMANT AND ADDRESS [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) [illegible]

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

1702 (b) [illegible]

(c) [illegible]

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. [illegible]

19a. DATE OF OPERATION [illegible] | 19b. MAJOR FINDINGS OF OPERATION [illegible] | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY [illegible] 301 | (CITY OR TOWN) [illegible] | (COUNTY) A-A. | (STATE) [illegible]

TIME OF INJURY (Month) 8 (Day) 31 (Year) 51 (Hour) 11 A.M. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY Ooccur? [illegible]

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [illegible] (Degree or title) M.D. | ADDRESS [illegible] | DATE SIGNED [illegible]

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Sept. 3, 1951 | NAME OF CEMETERY OR CREMATORY Union Methodist | LOCATION (City, town, or county) Davidsonville, A.A. Co. | (State) Md.

DATE REC'D BY LOCAL REG. Sept. 3, 1951 | REGISTRAR'S SIGNATURE Katherine M. Joyce

24. FUNERAL DIRECTOR J. B. Johnson | ADDRESS Annapolis, Md.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 7692 20

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lothian
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lothian
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Sarah (Middle) Frances (Last) Jones

4. DATE OF DEATH: (Month) Aug. (Day) 25 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: June 18 [illegible]

9. AGE last birthday: 86 yrs. If under 1 year: Months. If under 1 day: Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Calvert Co Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Ellen Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: no

17. INFORMANT AND ADDRESS: Emory Jones Lothian Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypertensive CVR Disease — Interval Between Onset and Death: 10 yrs.

442X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

131 a. (b) Cardiac Decompensation — 1 yr.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prof. Malignancy Sigmoid Colon — Unk

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1947, 19....., to August, 1951, that I last saw the deceased alive on 20 Aug, 1951, and that death occurred at 4 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

R B Jarrett M.D. Upper Marlboro 25 Aug 51

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) | DATE Aug 28, 1951 | NAME OF CEMETERY OR ~~CREMATORY~~ Union Chapel Mem | LOCATION (City, town, or county) Mt Hendrix (State) Md

DATE REC'D BY LOCAL REG. 8/25/51 | REGISTRAR'S SIGNATURE O.K. T. Clayton | 24. FUNERAL DIRECTOR E. A. Harder & Son | ADDRESS Galesville Md

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07693

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Anne Arundel. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis Md. | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dr Co General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) ARNEndel Rd. Annapolis md

3. NAME OF DECEASED (Type or Print): (First) Henrietta (Middle) H. (Last) Kern
4. DATE OF DEATH: (Month) Aug. (Day) 23rd (Year) 1951

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: 3/22/1882 | 9. AGE last birthday: 69 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Washington D C | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Birshell
14. MOTHER'S MAIDEN NAME: Mary Trowbridge

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS: Harry A. Kern

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocardial Infarction	6 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Artery Disease c Angina Pectoris	3 yrs.
4 & 1 / 90	(c) Hypertension - Cardiovascular Disease	3 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Ptosis of left kidney

19a. DATE OF OPERATION — | 19b. MAJOR FINDINGS OF OPERATION — | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — | (CITY OR TOWN) — | (COUNTY) — | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/22/, 1951 to 8/23, 1951 that I last saw the deceased alive on 8/23/, 1951, and that death occurred at 2:15 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Frank M Shipley MD. 63 College Ave. Annapolis. 8/23/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Aug 25-1951 | NAME OF CEMETERY OR CREMATORY Cedar Hill | LOCATION (City, town, or county) Kingsland (State) md

DATE REC'D BY LOCAL REG. Aug. 23, 1951 | REGISTRAR'S SIGNATURE [signature] | 24. FUNERAL DIRECTOR Wm Lee Lowe Co | ADDRESS 300-4th St NE Washington DC.

[illegible]
[illegible]
Bound [illegible]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

4994

Reg. Dist. No.....

1. PLACE OF DEATH COUNTY ... MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE ... COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ... | LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ...
HOSPITAL OR INSTITUTION OR STREET ADDRESS ...	STREET ADDRESS (If rural, give location) c/o Mrs. ... Route #2, Box ...

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
...	...	...	19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday yrs.	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
M	White	...	...	...		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
...	...	Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
...	...

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
...	...	...

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Atelectasis, Congenital	57 hrs
762.0 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
161 a (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
...	...	

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
...	...	...	...	...

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.	...	...

22. I hereby certify that I attended the deceased from 23 Aug ..., 19 51., to 25 Aug, 19 51., that I last saw the deceased alive on 23 Aug 19 51, and that death occurred at 1015 Am., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Capt Joseph S Sheehan M.C.	Ft. Meade Army Hos.	25 Aug 51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
...	...	...	...

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
...	...	...	...

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

395

Reg. Dist. No. 21

1. PLACE OF DEATH
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bay Ridge
STREET ADDRESS (If rural, give location) 31 Bay Drive

3. NAME OF DECEASED (Type or Print): (First) ISRAEL (Middle) LEGUM (Last)

4. DATE OF DEATH: (Month) (Day) (Year) August 13, 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 4, 1884

9. AGE last birthday: 67 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant

10b. KIND OF BUSINESS OR INDUSTRY: Retail Coal & Ice

11. BIRTHPLACE (State or foreign country): Lithuania

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Arron Legum

14. MOTHER'S MAIDEN NAME: Dora Weiss

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ---- (If yes, give war or dates of service) ----

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mr Albert Block Annapolis, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Ac. Coronary Thrombosis — Interval between onset and death: Instantaneous

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis & Angina Pectoris — Chronic Vasc. Disease — 3 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Embolism — 24 hrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/11, 1951, to 8/13, 1951, that I last saw the deceased alive on 8/13, 1951, and that death occurred at 3:45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Mannie K Lawans Md — ADDRESS Annapolis, Md — DATE SIGNED 8/15/51

23. BURIAL, CREMATION / REMOVAL (Specify) Burial — DATE THEREOF August 15, 51 — NAME OF CEMETERY OR CREMATORY Keneseth Israel Cemetery — LOCATION (City, town, or county) (State) Parole, Maryland

DATE REC'D BY LOCAL REG. Aug. 15, 1951 — REGISTRAR'S SIGNATURE [signature] — 24. FUNERAL DIRECTOR — ADDRESS B.L. Hopping and Son Annapolis, Md.

DEC 16 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 14 Greenville St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A. A.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; STREET ADDRESS (If rural, give location) 14 Greenville St.

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) Mc" (Last) Gowan

4. DATE OF DEATH: (Month) August (Day) 9 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Dec. 12, 1911

9. AGE last birthday: 39 yrs.

If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Annapolis md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Benjamin Howard

14. MOTHER'S MAIDEN NAME: Agnes Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Samuel Mc" Gowan, Annapolis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval between onset and death: Hr Year

170X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

50

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 7, 1951, to August 9, 1951, that I last saw the deceased alive on August 8, 1951, and that death occurred at 8:00 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

10-[illegible] Annapolis 8/13/51

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY: Broadneck LOCATION (City, town, or county): St Margrets (State)

DATE REC'D BY LOCAL REG.: Aug. 14, 1951

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: J. D. Tilman ADDRESS: Annapolis

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 15 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH: COUNTY Anne Arundel; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; LENGTH OF STAY (in this place) 24 hours; HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 5504 North Charles

3. NAME OF DECEASED (Type or Print): (First) ROBERT (Middle) EMMETT (Last) McINTYRE

4. DATE OF DEATH: (Month) Aug (Day) 17 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 19, 1896

9. AGE last birthday: 54 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Marine Machinist

10b. KIND OF BUSINESS OR INDUSTRY: Boat Building

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edward J. McIntyre

14. MOTHER'S MAIDEN NAME: Katherine Moan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: 215-24-3209

17. INFORMANT AND ADDRESS: Mrs Elizabeth McIntyre, Baltimore Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral accident — Interval Between Onset and Death: 29 hours

331 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Right-side hemiplegia — 29 hours

(c) Arterio-sclerotic Hypertension Disease — 3 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 16, 1951, to Aug. 17 1951, that I last saw the deceased alive on Aug. 17, 1951, and that death occurred at 9:15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John M. Caffey M.D. Annapolis Maryland 8/17/51

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL

DATE THEREOF: 8-21-1951

NAME OF CEMETERY OR CREMATORY: New Cathedral

LOCATION (City, town, or county) (State): Baltimore Md

DATE REC'D BY LOCAL REG.: 8/20/51

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS: Chas E. Evans & Son, 118 W. Mt. Royal Ave

VS-A1

07699

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Anne Arundel — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
LENGTH OF STAY (In): 7days
HOSPITAL OR ~~INSTITUTION OR STREET ADDRESS~~: Anne Arundel General

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
STREET ADDRESS (If rural, give location): 90 West

3. NAME OF DECEASED (Type or Print): (First) CASSIE (Middle) LOUISE (Last) MILLS
4. DATE OF DEATH: (Month) AUG. (Day) 17 (Year) 1951

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: July 15 1894
9. AGE last birthday: 57 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Annapolis Maryland
12. CITIZEN OF WHAT COUNTRY: U.S.A

13. FATHER'S NAME: Charles W. Tucker
14. MOTHER'S MAIDEN NAME: Josephine Parkinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war, or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mrs. Thos. K. Tracy, Annapolis Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Tetanus

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Laceration of left elbow
(c) Fracture of Pelvis (accidental fall)

102.0
106 n

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home — (CITY OR TOWN): Annapolis — (COUNTY): A. A. — (STATE): Md.
TIME OF INJURY (Month) (Day) (Year) (Hour): Aug. 10, 1951, 4 p.m. — INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? Was hanging out clothes in roof 2nd floor and missed last step and fell about 7 feet

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereof and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE (Degree or title): Wm M. Cafty M.D. — ADDRESS: Deputy Medical Examiner Annapolis Md — DATE SIGNED: 8/18/51

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF: Aug 20 '51 — NAME OF CEMETERY OR CREMATORY: Cedar Bluff — LOCATION (City, town, or county) (State): Annapolis Md

DATE REC'D BY LOCAL REG.: Aug. 20, 1951 — REGISTRAR'S SIGNATURE: J. J. O'Connell
21. FUNERAL DIRECTOR: Jim W. Taylor Sr. — ADDRESS: Annapolis Md.

VS Form 1-A

Item 9 FilmG136 10/2/51 ww

110

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jones
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A.A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jones
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Lewis (Middle) (Last) Mitchell
4. DATE OF DEATH: (Month) 8 (Day) 25 (Year) 1951
5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: 2-25-1884
9. AGE last birthday: 67 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.a.
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Georgana Mitchell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fracture Cervical Vertebrae 3+4. — Interval between onset and death:

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Compound Fracture R. Tibia & Fibula — 816.5 — 170 c

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Annapolis, Md | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) 8 25 51 P m. | INJURY OCCURRED While at work ☐ Not while at work ☑ | HOW DID INJURY OCCUR? auto accident & other motor vehicle

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[signature] Med Exam. Annapolis Md 8/26/51

23. BURIAL, CREMATION REMOVAL (Specify) B | DATE THEREOF 8-28-51 | NAME OF CEMETERY OR CREMATORY Davidsonville | LOCATION (City, town, or county) (State) Davidsonville Md.

DATE REC'D BY LOCAL REG. Aug. 28, 1951 | REGISTRAR'S SIGNATURE [signature] | 24. FUNERAL DIRECTOR William Reese, 11-109 Church St Annapolis, Md. | ADDRESS

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 22

1. PLACE OF DEATH
COUNTY ANNE-ARUNDEL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
LENGTH OF STAY (in this place) 27 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS District Training School Laurel Md

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Washington COUNTY D.C.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C.
STREET ADDRESS (If rural, give location) UNKNOWN

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Lucile	NONE	MONROE	8	22	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Female	WHITE	Single	Nov. 1899	52 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
INMATE		Washington - D.C.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John - MONROE	UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	NONE	Records and M.D.'s - D.T.S. Laurel md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Carcinoma of Liver	2 yrs.
151.1 Antecedent cause(s) 46 P Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis	5 yrs.
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Mental deficiency	Life

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 4-15-, 1949, to 8-22-, 1951, that I last saw the deceased alive on 8-22-, 1951, and that death occurred at 9:45 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
B. J. Henry	M.D.	D.T.S. Laurel Md	8-22-51

23. BURIAL, CREMATION REMOVAL, (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-23-51	I.J.S. Cemetery	Laurel Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug 22-51	Olara Haskell	Raymond Jones	Laurel Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 12c 12702

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY: Anne Arundel; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mayo
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Nr. Mayo School

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore - 30
STREET ADDRESS (If rural, give location): 2609 Smith Aye.

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Joseph Leo (Last) Murphy

4. DATE OF DEATH: (Month) Aug. (Day) 5 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 9, 1893

9. AGE last birthday: 58 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tally Man

10b. KIND OF BUSINESS OR INDUSTRY: B. & O. R. R.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: William E. Murphy

14. MOTHER'S MAIDEN NAME: Mary Theresa Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 705-09-0482

17. INFORMANT: Mrs. J. L. Murphy 2609 Smith Ave. Balto. 30

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary occlusion — Interval between onset and death: sudden

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary sclerosis — 1 year

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: John M. Claffy M.D. (Degree or title) ADDRESS: Depty Medical Examiner, Annapolis, Md. DATE SIGNED: 8/5/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Aug. 8, 1951 | NAME OF CEMETERY OR CREMATORY: Meadowridge | LOCATION (City, town, or county) (State): Howard Co., Md.

DATE REC'D BY LOCAL REG.: Aug. 6, 1951 | REGISTRAR'S SIGNATURE: A. W. Hedrich

24. FUNERAL DIRECTOR: A. Howard Evans ADDRESS: 1400 S. Charles St. Balto. Md.

RECEIVED
AUG 14 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

57703

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Johnson Maternity Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A. A.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; STREET ADDRESS (If rural give location) 40 North West St.

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) [illegible] (Last) Parker Jr.

4. DATE OF DEATH: (Month) Aug. (Day) 4 (Year) 1951

5. SEX male | 6. COLOR OR RACE Negro | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S | 8. DATE OF BIRTH 8-3-51 | 9. AGE last birthday yrs. | If under 1 year Months | Days 1 | If under 24 hrs. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None | 10b. KIND OF BUSINESS OR INDUSTRY None | 11. BIRTHPLACE (State or foreign country) Annapolis, Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joseph Parker | 14. MOTHER'S MAIDEN NAME Reba Matthews

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. None | 17. INFORMANT Joseph Parker

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congenital Cardiac Failure — Interval Between Onset and Death: 1 day.

773.0 Antecedent cause(s)

158 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/3/51, 19..... to 8/4/51, 19....., that I last saw the deceased alive on 8/4/51, 19....., and that death occurred at 11:05 A m. from the causes and on the date stated above.

SIGNATURE (Degree or title) Gordon H. Johnson M.D. ADDRESS 40 Northwest Street Annapolis, Md. DATE SIGNED 8/6/51

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE 8/7/51 | NAME OF CEMETERY OR CREMATORY Bowlers Chapel | LOCATION (City, town or county) Best Gate, Md. | (State)

DATE REC'D BY LOCAL REG. Aug. 6, 1951 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR William Reese II | ADDRESS 108 Washington St Annapolis, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 6 1941
BUREAU V. S.

Evidence in addition to deceased person's name shown on Film 3135 9/14/51 dm.

704

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY ANNE ARUNDEL MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RIVIERA BEACH; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS ASBURY RD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY A. A.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RIVIERA BEACH; STREET ADDRESS (If rural, give location) ASBURY RD.

3. NAME OF DECEASED (Type or Print): (First) DORILLA (Middle) WILFRED (Last) PAYER. Also Known As George Wilfred Payer

4. DATE OF DEATH: (Month) 8 (Day) 18 (Year) 1951

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: SEPT. 10, 1883

9. AGE last birthday: 67 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): JEWELER - RET.

10b. KIND OF BUSINESS OR INDUSTRY: SELF-EMP.

11. BIRTHPLACE (State or foreign country): CANADA

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: UNKNOWN

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: MRS. ALDA J. PAYER - RIVIERA BEACH

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary thrombosis	5 days
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 74a	(b) angina pectoris	2 months
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 3, 1951, to Aug. 18, 1951, that I last saw the deceased alive on Aug. 17, 1951, and that death occurred at 2:10 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

R. M. McLaughlin M.D. Pasadena, Md. Aug. 18, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 8-21-51 | NAME OF CEMETERY OR CREMATORY: HOLY CROSS | LOCATION (City, town, or county) (State): ANNE ARUNDEL CO. MD

DATE REC'D BY LOCAL REG.: Aug. 23, 1951 | REGISTRAR'S SIGNATURE: [signature] | 24. FUNERAL DIRECTOR ADDRESS: Geo. P. Farley - Catonsville, Md.

VS. A-15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

705

Reg. Dist. No. 20

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest) OR TOWN Mayo — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cloverlea

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 11145 Viers Mill Road ✓

3. NAME OF DECEASED (Type or Print): (First) ERNEST (Middle) AUBREY (Last) PERRY
4. DATE OF DEATH: (Month) Aug. (Day) 12 (Year) 1951

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: SEPT. 22. 1893
9. AGE last birthday: 57 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Construction Supt
10b. KIND OF BUSINESS OR INDUSTRY: Building
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: James C. Perry
14. MOTHER'S MAIDEN NAME: Annie O. Copen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 5-78-01-2208
17. INFORMANT AND ADDRESS: Mrs. Ernest A. Perry, Silver Spring Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Dilatation of Heart	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio Vascular Hypertensive Disease	7 years
	(c)	

4413X 12

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy __, Inspection __, Inquiry __ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident __, suicide __, homicide __, undetermined __.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John M. Cathy M.D. Deputy Medical Examiner Annapolis Md 8/12/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Aug. 15, 1951 | NAME OF CEMETERY OR CREMATORY: Rock Creek Cemetery | LOCATION (City, town, or county) (State): Washington, D. C.

DATE REC'D BY LOCAL REG. Aug 27 '51 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR: Warner E. Pumphrey | ADDRESS: 8434 Georgia Ave. Silver Spring, Md.

M — The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I — MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

T

VS. A15A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

7206

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Shady Side
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) L (Last) PHIPPS

4. DATE OF DEATH: (Month) Aug (Day) 15 (Year) 1951

5. SEX: female | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) married | 8. DATE OF BIRTH: 1886 | 9. AGE last birthday: 65 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: Home Work | 11. BIRTHPLACE (State or foreign country): Shady Side | 12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: Wm Crutchly | 14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no | 16. SOCIAL SECURITY NO.: None | 17. INFORMANT AND ADDRESS: Moody Phipps, Shady Side, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral accident	37 days
260X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Diabetes mellitus	unknown
61	(c) Chronic glomerular nephritis	unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/8/51, 19....., to 8/15/51, 19....., that I last saw the deceased alive on 8/14/51, 19....., and that death occurred at 5:00 p.m., from the causes and on the date stated above.

SIGNATURE: John M. Caffey M.D. (Degree or title) ADDRESS: Deputy Medical Examiner, Annapolis Md DATE SIGNED: 8/15/51

23. BURIAL, CREMATION OR REMOVAL (Specify) | DATE THEREOF: Aug 17 1951 | NAME OF CEMETERY OR CREMATORY: Woodfield Cem. | LOCATION (City, town, or county) (State): Galesville, Md.

DATE REC'D BY LOCAL REG.: Aug. 17, 1951 | REGISTRAR'S SIGNATURE: [signature] W. | 24. FUNERAL DIRECTOR: J. A. Hardisty & Son | ADDRESS: Galesville, Md.

1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 2707

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A16A

1. PLACE OF DEATH: COUNTY: Anne Arundel; STATE: MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parole
   LENGTH OF STAY (in this place): 1 yr.
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: rear Forest Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: A.A.
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parole
   STREET ADDRESS (If rural, give location): rear Froest Drive

3. NAME OF DECEASED (Type or Print): (First) Eugeia (Middle) (Last) Queen

4. DATE OF DEATH: (Month) Aug. (Day) 1 (Year) 19 51

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 27,1900

9. AGE last birthday: 51 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Emory Johnson

14. MOTHER'S MAIDEN NAME: Mary Stewart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: William Queen, Parole, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardiac Asthma	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio-Renal-Vascular Disease	1 yr.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: John M. Caffey M.D. (Degree or title) ADDRESS: Deputy Medical Examiner, Annapolsi, Md. DATE SIGNED: 8/1/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Aug. 5, 1951
NAME OF CEMETERY OR CREMATORY: Brewer Hill
LOCATION (City, town, or county) (State): Annapolis, Md.

DATE REC'D BY LOCAL REG.: Aug. 3, 1951
REGISTRAR'S SIGNATURE: Ed. Collison
24. FUNERAL DIRECTOR: J. B. Johnson, Annapolis, Md. ADDRESS:

RECEIVED
AUG 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07708

Reg. Dist. No. 2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie; LENGTH OF STAY (in this place) 16 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 702 Ritchie Highway, N.E.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie; STREET ADDRESS (If rural, give location) 702 Gov. Ritchie Highway, N.E.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Edward (Last) Reeder

4. DATE OF DEATH: (Month) August (Day) 10 (Year) 51

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 6, 1890

9. AGE last birthday: 61 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintnance man

10b. KIND OF BUSINESS OR INDUSTRY: Gen'l Chemical Co.

11. BIRTHPLACE (State or foreign country): Waterburn, A.A.Co., Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Reeder

14. MOTHER'S MAIDEN NAME: Alice Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) ---

16. SOCIAL SECURITY NO.: 215-03-0759

17. INFORMANT: 702 Ritchie Hwy. N.E. J. Curtis Reeder, Glen Burnie, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion, Recurrent — Interval Between Onset and Death: Immediate

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis

(c) Obesity

420.1 94a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY —

(CITY OR TOWN) (COUNTY) (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 6/4, 19 51, to 8/12, 19 51, that I last saw the deceased alive on 8/10, 19 51, and that death occurred at 4:16 m., from the causes and on the date stated above.

SIGNATURE W. Richard M (Degree or title) ADDRESS Glen Burnie, Md DATE SIGNED 8/14/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF August 14, 51; NAME OF CEMETERY OR CREMATORY Glen Haven; LOCATION (City, town, or county) Glen Burnie; (State) Md.

DATE REC'D BY LOCAL REG. 8/14/51; REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR ADDRESS Thomas W. Singleton Glen Burnie, Md.

554469

VS. A15

RECEIVED
1951
V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The exact age is especially important. Physicians: Please write the cause of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY A. A. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arnold — LENGTH OF STAY (In this place) 2 wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Penn. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Phila. 39 Penn
STREET ADDRESS (If rural, give location) 4828 Fairmount Ave

3. NAME OF DECEASED (Type or Print): (First) Sarah (Middle) O (Last) Robinson
4. DATE OF DEATH: (Month) Aug (Day) 7 (Year) 1951

5. SEX: Fem.
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Aug 10 1895
9. AGE last birthday: 56 yrs. — If under 1 year: Months; If under 24 hrs.: Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Calvert Co. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Gray
14. MOTHER'S MAIDEN NAME: Amil Stewart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Evelyn L. Robinson N.Y. N.Y.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Coronary Thrombosis — Interval between Onset and Death: 6 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 420.1 94a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8 7 57, 19..., to 8 7 57, 19....., that I last saw the deceased alive on 8 7 57, 19....., and that death occurred at 8.20 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): R. E. Richardson M.D. — ADDRESS: 110 - Clay St Annapolis Md — DATE SIGNED: 8 9 57

23. BURIAL, CREMATION, REMOVAL (Specify): Shipped — DATE THEREOF: Aug 10 1951 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county): Phila. — (State): Penn.

DATE RECD BY LOCAL REG.: Aug. 9, 1951 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR: J. B. Johnson — ADDRESS: Annapolis

AUG 1951

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 10

1. PLACE OF DEATH: COUNTY Anne Arundel; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort George G. Meade; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 2101-1 U. S. ARMY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Smethport; STREET ADDRESS (If rural, give location) 415 Main Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Irma	Jean	Rodgers	August 25 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Married	23 Dec 1927	23 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Pennsylvania	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Raymond J. Lynch	Vera Ford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		Col. Walter J. Rodgers (H) Svc Co 3rd Bay Ft. G. G. Meade.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral edema	12 hours
592X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Subacute glomerulonephritis	3 months.
	(c) Chronic glomerulonephritis	unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
-	-	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
-	-	-		

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
- m.		-

22. I hereby certify that I attended the deceased from 18 May, 1951, to 25 Aug, 1951, that I last saw the deceased alive on 25 Aug, 1951, and that death occurred at 1205 m., from the causes and on the date stated above.

SIGNATURE Frank J. Shannon, Jr., Major MC (Degree or title) ADDRESS Ft. Meade Army Hosp DATE SIGNED 25 Aug 51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	25 Aug 51	Lane Hill Cem.	Smethport, Pa.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10 Sept 51	[illegible] Capt. MSC	Donaldson Funeral Home	Laurel, Md.

VS-A

96

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY ... MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ... LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS ...

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severn
STREET ADDRESS (If rural, give location) New Cut Rd

3. NAME OF DECEASED (Type or Print): (Last) Rodgers (First) Kathleen (Middle) Marie

4. DATE OF DEATH: (Month) Aug (Day) 11 (Year) 1951

5. SEX: Female | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH: 9 Aug 51 | 9. AGE last birthday ... yrs. | If under 1 year: Months ... Days 2 | If under 24 hrs.: Hours ... Min. ...

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Walter Joseph Rodgers | 14. MOTHER'S MAIDEN NAME: Irma Jean Lynch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS ...

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Atelectasis, congenital ... Interval Between Onset and Death: From birth

762.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Premature

159 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Maternal chronic nephritis

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — | (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 9 Aug, 1951, to 11 Aug, 1951, that I last saw the deceased alive on 11 Aug, 1951, and that death occurred at 9 25 P m., from the causes and on the date stated above.

SIGNATURE: Paul Flamm Jr (Degree or title) Maj M.C. ADDRESS USAH Ft Meade Md DATE SIGNED 11 Aug 51

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE David W. Mitchell | 24. FUNERAL DIRECTOR Ferd ... ADDRESS ...

1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Anne Arundel — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Iglehart
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sherwood Forest Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Iglehart — RFD Annapolis
STREET ADDRESS (If rural, give location): Sherwood Forest Rd.

3. NAME OF DECEASED (Type or Print): (First) ANNA (Middle) M (Last) SMALLWOOD

4. DATE OF DEATH (Month) (Day) (Year): August 24, 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct. 15, 1875

9. AGE last birthday: 75 yrs. — If under 1 year: Months —; Days 9; If under 24 hrs.: Hours —; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George Maaser

14. MOTHER'S MAIDEN NAME: Christine Schwaettzer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mrs Charles Gensler 70 South Franklin town R[d] Baltimore 23, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic - Cardio - Vascular Decline

(c)

INTERVAL BETWEEN ONSET AND DEATH: (a) Immediate (b) 1 yr.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): N/A

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1, 1951, to Aug 24, 1951, that I last saw the deceased alive on Aug 24, 1951, and that death occurred at 10 Hrs. m., from the causes and on the date stated above.

SIGNATURE: Albert H Anderson (Degree or title) MD ADDRESS: Annapolis Md. DATE SIGNED: 8/26/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Aug 27 51

NAME OF CEMETERY OR CREMATORY: Loudon Park Cemetery

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: Aug. 27, 1951

REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: B.L. Hopping and Son ADDRESS: Annapolis, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

7712

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS Form

1. PLACE OF DEATH: COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 1 Acton Place

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY AA.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; STREET ADDRESS (Rural, give location) 1 Acton Place

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) TAYLOR (Last) SMITH

4. DATE OF DEATH: (Month) 8 (Day) 7 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify)

8. DATE OF BIRTH: 8-25-1885

9. AGE last birthday: 65 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RET-Capt. U.S.N.

10b. KIND OF BUSINESS OR INDUSTRY: U.S.N.

11. BIRTHPLACE (State or foreign country): King George Co Va

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edmond J. Smith

14. MOTHER'S MAIDEN NAME: Lucy Randolf

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Ellen D. Smith 1 Acton Place Annapolis Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval between onset and death: Patient treated

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d (b) Chronic myocarditis — by Dr. J. D. Purse

(c) Arteriosclerosis, generalized — since April 1, 1951

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 7, 1951, (D.O.A.) to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 2:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Jesse L. Wilkins, M.D. 232 Pr. Geo. St. Annapolis, Md. 8/8/51

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) DATE THEREOF 8-9-51 NAME OF CEMETERY OR CREMATORY Naval Academy LOCATION (City, town, or county) Annapolis (State) Md.

DATE REC'D BY LOCAL REG. Aug. 8, 1951 REGISTRAR'S SIGNATURE W. J. O'Donnell

24. FUNERAL DIRECTOR ADDRESS John M. Sayler Son Annapolis Md.

RECEIVED
AUG
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

213

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY A. A. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Maryland Hotel

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) Church Circle

3. NAME OF DECEASED (Type or Print): (First) Philip (Middle) C. (Last) Sterling
4. DATE OF DEATH: (Month) 8 (Day) 23 (Year) 1951

5. SEX: Male
6. COLOR OR RACE: W
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH: 5-25-1890
9. AGE last birthday: 61 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Jan Agt State Md. Alcoholic Beverage
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Christfield Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel D. Sterling
14. MOTHER'S MAIDEN NAME: Elmyra Sterling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Ethel M. Sterling Annapolis Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 8 or 12 Hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — Several years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis — Several years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1946, to Aug 23, 1951, that I last saw the deceased alive on Aug 23, 1951, and that death occurred at 11 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Ernest C Bond M D. Annapolis Md 8.24.51

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 8-28-51 — NAME OF CEMETERY OR CREMATORY Cambridge — LOCATION (City, town, or county) Cambridge — (State) Md

DATE REC'D BY LOCAL REG. Aug. 24, 1951 — REGISTRAR'S SIGNATURE J. E. Brown — 24. FUNERAL DIRECTOR John M. Taylor Co. — ADDRESS Annapolis Md.

VS. A15

BOARD V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

1214

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY A.A. Co. | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis | MARYLAND | LENGTH OF STAY (in this place) | HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. | COUNTY A.A. | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis | STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Manuel	Washington		8	29	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	C	married	1/27/1911	40 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer		Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Washington	Liliama Holland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT. Eliza Washington (wife)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Cerebral Hemorrhage	3 days
331 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]	MD.	Annapolis Md	8/29/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Sept. 1951	St Paul	Shadyside	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept. 1, 1951	[signature]	J.B. Johnson	Annapolis Md.

VS. A15A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The exact age is especially important. Physicians: please write the diagnoses of death clearly and legibly.

VS. A-5

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

515

Reg. Dist. No.

1. PLACE OF DEATH
COUNTY: Anne Arundel — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Riviera Beach, Pasadena
LENGTH OF STAY (in this place): 1 Year
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Harlem Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pasadena (Rural)
STREET ADDRESS (If rural, give location): Harlem Road, Riviera Beach.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Henry	J.	Weihe	Aug.	20	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widower	June 14, 1866	85 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Experimental Engineer	Gas Ranges	Newburg, Ind.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Henry Weihe	Justine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
UNKNOWN	Unknown	Raymond Brokamp, Annapolis, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Coronary Thrombosis	24 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Congestive Heart failure	2 yrs.
	(c)	

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid arthritis — 2 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan. 1, 1951, to Aug. 20, 1951, that I last saw the deceased alive on Aug. 20, 1951, and that death occurred at 4:35 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Randall M. McLaughlin, M.D.	Pasadena. Md.	August 20. 1951

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or County)	(State)
Burial	Aug. 22, 1951	Glen Haven	Glen Burnie	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/22	[signature]	Thomas W. Singleton,	Glen Burnie

M.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

16

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY A. A. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY A A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 15 Thompson

3. NAME OF DECEASED (Type or Print): (First) Katherine (Middle) H. (Last) Westphal
4. DATE OF DEATH: (Month) 8- (Day) 26 (Year) 1951

5. SEX F
6. COLOR OR RACE W.
7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify)
8. DATE OF BIRTH June 24-1880
9. AGE last birthday 71 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurse
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Annapolis Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Henry Westphal
14. MOTHER'S MAIDEN NAME Elizabeth Musterman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs. J. Walter Cheney Annapolis Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	5 Days.
422.1 / Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic-Cardio-Vascular disease	2 Yrs.
1718	(c) Carcinoma of the Ovary	1 Yr.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Mechanical Hysterectomy for Carcinoma of the Vagina Due to Benign 7 5 Days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 20, 1951, to Aug 26, 1951, that I last saw the deceased alive on Aug 26, 1951, and that death occurred at 2:45 p.m., from the causes and on the date stated above.

SIGNATURE: Estelle T. Anderson (Degree or title) M.D. ADDRESS Annapolis Md DATE SIGNED 8/28/51

23. BURIAL, CREMATION, REMOVAL (Specify)
DATE THEREOF 8-29-51
NAME OF CEMETERY OR CREMATORY Cedar Bluff
LOCATION (City, town, or county) Annapolis (State) Md

DATE REC'D BY LOCAL REG. Aug. 28, 1951
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR John M. Taylor Son ADDRESS Annapolis Md.

VS. A15

LIBRARY U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cedarhurst.; MARYLAND LENGTH OF STAY (in this place) 23 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cedarhurst on the Bay; STREET ADDRESS (If rural, give location) Cedar Ave. Shadyside Md

3. NAME OF DECEASED (Type or Print): (First) MORTON (Middle) BRADLEY (Last) WILLIAMS.

4. DATE OF DEATH: (Month) August (Day) 1, (Year) 1951

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 1-29-1881

9. AGE last birthday: 70 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Mechanic

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: James William

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): None (If yes, give war or dates of service): None

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Mrs Helen William Shadyside Md Cedarhurst

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) [illegible] — [illegible]

962.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible] — [illegible]

10 b (c) [illegible]

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. [illegible] — 7

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): [illegible]

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE): [illegible]

TIME OF INJURY (Month) (Day) (Year) (Hour): Nov. 13, 1948 m.

INJURY OCCURRED While at Work ☑ Not While At work ☐

HOW DID INJURY OCCUR? [illegible]

22. I hereby certify that I attended the deceased from July 1, 1951, to August 1, 1951, that I last saw the deceased alive on July 1, 1951, and that death occurred at 8:45 A m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) ADDRESS Shadyside DATE SIGNED 8-1-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 8-4 1951 — NAME OF CEMETERY OR CREMATORY: Cedar Hill — LOCATION (City, town, or county) (State): Deale Md.

DATE REC'D BY LOCAL REG.: Aug. 1-1951 — REGISTRAR'S SIGNATURE: Carrie F. Campbell, Ida Belle Dent

24. FUNERAL DIRECTOR: J. William Lee's Sons Co. — ADDRESS: 300-4th St N.E. Wash, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

V8-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07718

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY A.A. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A.A. General Hosp't.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis Md
STREET ADDRESS (If rural, give location) 18 Linden Ave

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William Archie		Woodburn	8	25	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White		Sept 8-1897	53 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Bus Driver	Public Bus	Solomons Md.	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Harry M. Woodburn	Mary Files

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
		Ethlynn M. Woodburn Annapolis Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral hemorrhage — 2 yrs.

581.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 124.1 — (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Myocarditis chronic — 3 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan., 1945, to Aug 25, 1951, that I last saw the deceased alive on Aug 25, 1951, and that death occurred at 11:30 p m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
George C. Bonit	M.D.	Annapolis Md	8-28-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	8-28-51	Solomons	Solomons	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug. 28, 1951	[signature]	John W. Taylor Son	Annapolis Md.

625516

RECEIVED
AUG 29 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 07719

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Curtis Bay | LENGTH OF STAY (in this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glen Burnie P.O. Route 2

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore - 30
STREET ADDRESS (If rural, give location) 1424 Hanover St

3. NAME OF DECEASED (Type or Print): (First) HOWARD (Middle) CASSARD (Last) WROTEN

4. DATE OF DEATH: (Month) AUG (Day) 7 (Year) 1951

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: 10/4/1890

9. AGE last birthday: 60 yrs. | If under 1 year: Months / Days | If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MARINER

10b. KIND OF BUSINESS OR INDUSTRY: MATE ON SHIP

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT COUNTRY? U. S. A

13. FATHER'S NAME —

14. MOTHER'S MAIDEN NAME —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No. 212-22-7813

17. INFORMANT AND ADDRESS: Franklin S. Burgess 1424 Hanover Balto. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Coronary occlusion	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Coronary Sclerosis	unknown
(c)		

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John M. Slatty	M.D. Deputy Medical Examiner	Annapolis Md.	8/7/51

23. BURIAL, CREMATION, REMOVAL (Specify): B. | DATE THEREOF: 8.10.51. | NAME OF CEMETERY OR CREMATORY: Cedar Hill | LOCATION (City, town, or county) (State): Dallo

DATE REC'D BY LOCAL REG. 8/9/51 | REGISTRAR'S SIGNATURE: C W Abbott | 24. FUNERAL DIRECTOR: James L. Lee | ADDRESS: 130 E. Fort Ave. 673546

JT

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-6A